

**John R. DiPalma**  
**Executive Director**

**Project Role**

Mr. DiPalma has been the Executive Director for the Oregon project since 2012. In this role he is responsible for the day-to-day operations of the contract, supervision of the management team, and achievement of project goals. He also acts as the liaison to external stakeholders and is the single point of contact for the program.

**Experience Summary**

Healthcare operations leader with extensive experience in Medicare, Medicaid and Commercial products; expertise in Claims Processing, Call Center Operations, Enrollment Operations, and all facets of health plans; extensive Care Coordination/Medical Management experience supplemented by hands-on analytical Consulting experience focused on process improvement, metric reporting, and operations redesign - all leading to cost optimization and maximum quality outcomes.

## Employment History

**KEPRO/APS HEALTHCARE, Portland, OR**

**2012 – Present**

*Executive Director, Oregon Health Plan Care Coordination Program*

**Key Responsibilities**

- Profit and Loss accountability for APS Healthcare contract with Oregon Health Authority (OHA); lone Oregon executive
- Responsible for population disease and case management for Medicaid and Dual Eligible patients (includes Medicare)
- Serve as direct interface with State regulators, representatives, and senators regarding Medicaid and Medicare
- Orchestrate stratification process of 125k patients to identify highest acuity patients and facilitate care
- Oversee staff of clinical (28 FTEs including one physician) and non-clinical (8 FTEs) to provide coordination services
- Reduce OHA expenses \$40MM in four program years via coordination and improved clinical outcomes
- Lead implementation of Dual Population (Medicare) business

**AETNA HEALTHCARE**

**2011 – 2012**

*Chief Operations Officer, Medicaid*

**Key Responsibilities**

- C-level leader for Aetna Florida Medicaid plan- entitled Integral Quality Care; medical and pharmacy coverage
- Led all health plan operations, metrics, reporting and accountable for overall results
- Serve as direct interface with state regulators on reporting, compliance, etc.
- Direct Call Center, Claims, Provider Relations, Enrollment, Quality and Training

**UNIVERSAL HEALTH CARE**

**2007 – 2009**

*Senior Vice President of Operations*

**Key Responsibilities**

- Lead Operations Center servicing Medicare and Medicaid members in Florida; direct report to CEO
- Lead team through successful HEDIS audit, rewrite of P&Ps, CMS audit and AHCA review – all of Operations
- Gain CMS/AHCA approval to resume business operations (suspended in 2007 due to poor service/financial issues)
- Improve sales of Medicare product by 300% from 2008 to 2009 by improved training, accountability and metric tracking
- Build Claims Cost Containment System – Pre and Post payment, Credit Balance and Fraud review
- Oversight and management of India (Chennai) based Claims processing (160k/month)

**Education**

B.A. Economics and Business, Muhlenburg College, Allentown, PA

Certified Fitness Trainer, University of South Florida, Tampa, FL